MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)		SERIAL NO.		FILING DATE
		APPLICANT(S)	09/509945	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND	DEP.
1	1						51						
2		1					52						
3	1						53						
4		1					54						
5	1						55						
6		1					56						
7		6					57						
8		6					58						
9		6					59						
10		6					60						
11					1		61						
12					1		62						
13						1	63						
14						1	64						
15					1		65						
16					1		66						
17						1	67						
18						1	68						
19					1		69						
20					1		70						
21						1	71						
22						1	72						
23						1	73						
24						3	74						
25						3	75						
26						3	76						
27						3	77						
28						3	78						
29						2	79						
30						3	80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		2		6		TOTAL IND.						
TOTAL DEP.	25				45		TOTAL DEP.						
TOTAL CLAIMS					52		TOTAL CLAIMS						